

A Systematic Review of the Impact of Court Appointed Special Advocates

We have celebrated the 100th anniversary of California's juvenile court, and yet we continue to struggle with our system of intervention on behalf of abused and neglected children who have been removed from their homes. For the past 27 years, volunteers working in Court Appointed Special Advocate (CASA) programs have played an important role in helping abused and neglected children get through the dependency process. This article summarizes the findings of 20 studies assessing the impact of CASA programs on (1) the activities of child representatives, (2) the dependency process, and (3) case outcomes and reentry into foster care. It combines and interprets statistical information in an effort to make the information easily accessible to judges, lawyers, social workers, policy-makers, child welfare professionals, social scientists, and the general public.

VOLUNTEER ADVOCACY FOR FOSTER CHILDREN

The sheer volume of children in foster care challenges our ability to meet their needs. According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), on September 30, 2001, 542,000 children were in foster care in the United States.¹ That year, 290,000 entered foster care and 263,000 exited.² Half of the children who went home in 2001 had been in care longer than 12 months, 9 percent for more than five years.³

Attorneys and social workers are understandably under strain as they try to advocate for foster children. It is at times difficult for them to meet children's needs because of large workloads or lack of training in child development and the family context. The CASA program provides some relief to this overtaxed system, offering children in the dependency system reliable advocates who have been well trained and are assigned to them for the duration of their cases.

COURT APPOINTED SPECIAL ADVOCATES

The Child Abuse Treatment and Prevention Act (CAPTA) of 1974 formally recognized the importance of providing independent representatives for children in court proceedings by mandating that each child have a guardian ad litem (GAL).⁴ GALs are appointed by the court to represent the best interests of children in abuse and neglect cases. A GAL can be an attorney or a trained

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The federal Child Abuse Treatment and Prevention Act of 1974 mandated that children in dependency proceedings be assigned guardians ad litem to represent their best interests in court. Attorneys often fill this role, but communities increasingly are using trained volunteers, often called Court Appointed Special Advocates or CASA volunteers, who are assigned by the court. This systematic review analyzes the results of all studies to date, both published and unpublished, assessing the impact of CASA programs. Twenty studies of controlled comparisons

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with objective outcomes are discussed. Available evidence suggests that CASA programs have a favorable impact on some important process indicators. Data regarding the impact of CASA programs on the ultimate outcomes for foster children remain lacking.

The authors would like to acknowledge and thank the Scaife Family Foundation, which funded this project, and Vicky Christianson, librarian at University Medical Center, for her patience, persistence, and invaluable assistance. ■

volunteer who investigates the case, monitors its progress, and represents the child in court. Subsequent reauthorizations have upheld the central principle that children must be represented independently.⁵ The purpose of the guardian ad litem is to obtain a firsthand understanding of the situation and needs of the child and to make recommendations to the court concerning the child's best interests.⁶ By contrast, county workers are asked to try to meet the needs of both victim and perpetrator, which puts them in an inherently conflicted role. They are frequently asked to develop and simultaneously prepare contingent plans for permanent removal of the child from the home and for permanent reunification of the child and original guardian. This is akin to having the same attorney act as both prosecutor and defender on the same case.

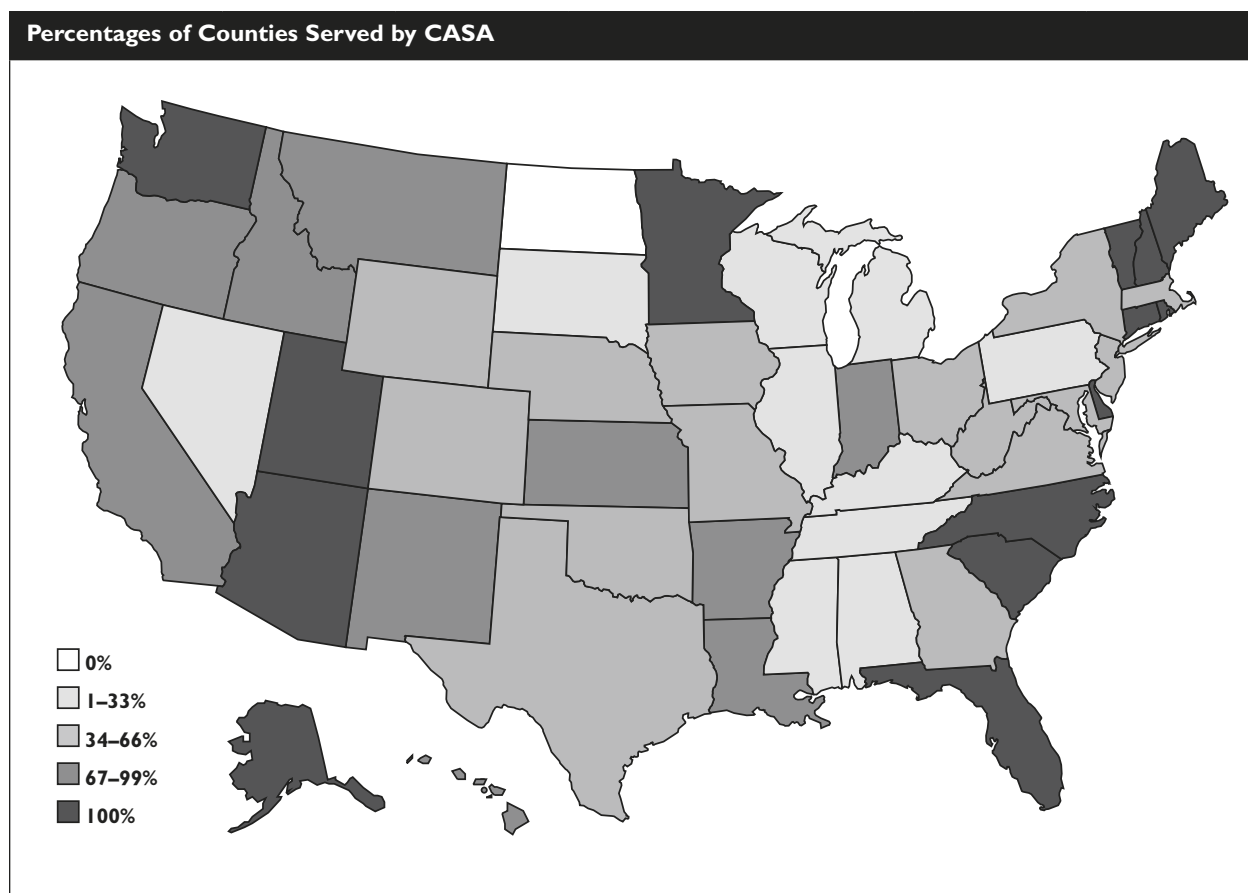
The guardian ad litem's primary duty is to provide independent evaluation and representation of the best interests of the children he or she is appointed to support. The qualifications for guardians ad litem vary widely among the states, however, as do their additional duties and responsibilities in dependency cases. Differences also exist across counties within the same state.

The concept of the CASA volunteer originated with Seattle, Washington, Superior Court Judge David W. Soukup, out of frustration with the lack of available information about the children whose futures he was determining. The core components of Judge Soukup's 1977 pilot program are essentially the same today: a judge appoints carefully selected, well-trained lay volunteers to represent the best interests of children in court. CASA volunteers typically handle just a few cases at a time so they can provide in-depth, firsthand information to judges and referees to assist in sound decision making.

The need for CASA advocacy increased as a result of the Adoption Assistance and Child Welfare Act of 1980, which mandated a greater emphasis on permanent placement,⁷ and the Adoptions and Safe Families Act of 1997, which shortened timelines to encourage the speedy adoption of children for whom reunification or guardianship is not an option.⁸ The U.S. Congress encouraged the further expansion of CASA programs with the Victims of Child Abuse Act of 1990, which states that a "court-appointed special advocate shall be available to every victim of child abuse or neglect in the United States that needs such an advocate."⁹

CASA volunteers are uniquely positioned to advocate for the best interests of children. They are typically assigned just a few cases and are involved for a case's duration. Social workers and attorneys may change, but the CASA volunteer provides support with continuity. Siblings often are assigned to one CASA volunteer, who can then help advocate for the group with coherence and strive to keep siblings together as foster-care placement decisions are made. Moreover, CASA volunteers are focused on the well-being of the children without having to serve the interests of the parents, the county child protective services unit, or the state.

CASA programs have grown considerably over the years. What began as a pilot program with 110 volunteers advocating for 498 children¹⁰ has grown



to 930 CASA programs—at least one in every state plus the District of Columbia and the U.S. Virgin Islands.¹¹ A force of approximately 70,000 volunteers spoke for an estimated 280,000 children in 2002.¹² Though coverage varies from state to state, CASA programs are present in 1,698 (54 percent) of the 3,144 county entities in the contiguous United States, Alaska, Hawaii, and the Virgin Islands.¹³ (See figure.) North Dakota has a state CASA association but no CASA volunteers working with children there, and Puerto Rico has no CASA program.

In part, CAPTA was intended to ensure independent, individual representation and advocacy for abused and neglected children.¹⁴ Revisions to the act specify the CASA volunteer's role in providing the court with detailed information on the child and other duties.¹⁵ Nevertheless, there is still variation among programs in how the CASA volunteer fits into the dependency process.

The design of each particular CASA program depends on local preferences and court rules as well as federal and state statutes.¹⁶ The primary difference among programs is whether the CASA volunteer is also the guardian ad litem or works in conjunction with an attorney who performs the GAL responsibility. The relationship of CASA volunteer to attorney may be as an equal member of a team or as a subordinate member. CASA volunteers may also work alone without a guardian ad litem, but this is rare. Ideally, the pairing of CASA volunteers and attorneys balances the strengths and weaknesses of each. For example, an attorney may have excellent legal skills, and a CASA volunteer is likely to have first-hand knowledge of the child.¹⁷

There are five basic activities that a CASA volunteer may perform. As a fact-finder and investigator, a CASA volunteer conducts a thorough, independent investigation of all the information relevant to the

case. As a courtroom representative, a CASA volunteer reports the facts to the court in written or oral format with associated recommendations. As a case monitor, he or she ensures that all court-ordered services are being provided to the child and promptly notifies the court if they are not. As a mediator and negotiator, a CASA volunteer helps solve problems through collaboration and cooperation to assist in bringing families together. Finally, as a resource broker, a CASA volunteer seeks out and advocates for services that will help establish a strong support network for the child.¹⁸

OTHER MODELS OF VOLUNTEER ADVOCACY

Although CASA programs provide most of the volunteer assistance to foster-care youth and are the subject of this review, two other organizations should be noted: foster-care review boards and citizen review panels. The current study does not include evaluations of these programs.

The Adoption Assistance and Child Welfare Act of 1980 mandated that juvenile and family courts review all cases involving abused or neglected children every six months.¹⁹ Foster-care review boards (FCRB) were created in response to overwhelmed court systems that were unable to handle the resulting increases in caseloads following this legislation.²⁰ FCRB volunteers review cases and have the authority to meet with the involved parties and make recommendations to the court. These meetings often have an informal discussion format, which is less intimidating than a court hearing. At the policy level, information from this process is used to suggest courses of action in dependency cases and also modifications in state legislation and agency policy.²¹

In the 1996 amendment to CAPTA, the federal government mandated the creation of citizen review panels (CRPs) for states seeking funding under CAPTA.²² Each state is to have a minimum of three CRPs to provide citizen oversight in order to ensure that the state is meeting the goal of protecting children from abuse and neglect.²³ CRPs' functions and scope of work are purposefully broad in keeping

with this goal. The panels are composed of individuals who reflect the communities they are working to protect.²⁴ Generally, they monitor compliance with CAPTA and Title IV-E foster-care and adoption programs and evaluate fatalities occurring in foster care, as well as perform any other functions of the child protective service agency as they see fit.²⁵

SYSTEMATIC REVIEW METHODOLOGY

A systematic review uses a rigorous method for identifying all relevant studies on a given topic, without regard for the findings of those studies, and then summarizes the results in an objective manner.

Three previous attempts have been made to summarize existing research on the impact of CASA advocacy. Heuertz²⁶ and Youngclarke²⁷ simply listed findings, providing little interpretation or integration. Litzelfelner attempted to summarize groups of findings but provided little comprehensive interpretation.²⁸ None of these reviews used a standardized methodology to systematically locate both published and unpublished comparative studies in this area.²⁹ The current study both identifies existing research systematically and presents a methodology for mathematically aggregating and interpreting the findings.

SEARCH STRATEGY

We attempted to identify and acquire copies of all published and unpublished original comparative studies conducted since 1977 on the effectiveness of CASA programs and similar trained-volunteer child advocacy programs in the United States.³⁰ Our initial search criteria were broad so we could conduct an especially sensitive search for research in this area. All studies with original data and purporting to be about the effectiveness of volunteer interventions were obtained and examined.

SELECTION CRITERIA

Studies must have met three methodological criteria to be included. They must have presented primary data³¹ rather than summaries of data published

elsewhere or theoretical overviews. In addition, studies must have involved a comparison to a control group of children without volunteer advocates. In other words, each evaluation had to have included a control group. Finally, studies were included if they assessed any objective measures of activities performed on the child's behalf, specific court processes, or child outcomes.³² Subjective assessments were excluded, specifically satisfaction of participants and self-ratings of effectiveness.

METHODS OF REVIEW

We reviewed almost 70 studies, but only 20 met the criteria for inclusion.³³ We evaluated the studies under consideration for methodological quality and appropriateness for inclusion without consideration of their results.

Methodological quality. The best way to comprehensively interpret studies with contradictory findings is to take into account the methodological quality, or level of evidence, of each individual study. Even large studies can produce misleading results when their methodologies are weak. This is especially true in evaluations research that relies on review of records. We used an adaptation of the Levels of Evidence scale developed by the Oxford Centre for Evidence-Based Medicine to rate methodological quality.³⁴ Under this system, the methodological quality of a study is given a rating between level 1 and level 5, with level 1 indicating the highest quality and level 5 the lowest.³⁵

Overall, the quality of the available studies was not ideal. Social services provided in the “real world” are generally difficult to evaluate because they are not typically designed and implemented as research projects. Random assignment to treatment groups (which prevents selection bias, assuring that the groups are similar prior to treatment) and “blind” assessment of outcomes (which prevents measurement bias of outcomes) are not often feasible in existing programs. Such programs are designed primarily to provide services, with evaluation given a lower priority. Even when ideal research strategies are attempted, they

often collapse under the pressure for programs to provide good care to vulnerable children.

Drawing conclusions. For each outcome we describe the findings, statistical significance, and methodological quality of individual studies and calculate weighted summary estimates.³⁶ Then we provide our conclusion about the effect of CASA programs on each of the outcomes after considering all of these factors. Our conclusions are necessarily subjective because the studies are so different that a formal meta-analysis is impossible; therefore, we have provided all information on which these conclusions were based.

In addition to combining data for descriptive purposes, we considered two pieces of information when interpreting contradictory findings: the statistical significance of the original findings and the methodological quality of the studies involved. However, statistical significance in this case cannot be used as a definitive standard against which to measure the importance of the findings because many reports were purely descriptive in nature and included no formal statistical analyses.³⁷ Consequently, the driving force in our conclusions is methodological quality.

The methodological quality of each study is noted for two reasons. First, we attempted to explain contradictory findings by exploring the methods of the studies that produced them. Findings of a study with a higher level of evidence override contradictory findings of a study with a lower level of evidence. Second, methodological bias tends to exaggerate effect sizes, so that a small difference in truth appears quite a bit larger if the study is of poorer quality. Therefore we provide levels of evidence to help interpret the observed effect sizes.

SUMMARY OF THE IMPACT OF CASA PROGRAMS

Twenty studies that examined a total of 6,079 cases met the inclusion criteria listed above. Only eight have been published in indexed journals. The rest are reports submitted to government offices, foundations, or educational institutions.³⁸ Table 1 describes the included

studies; the numbers assigned to the studies listed in the table are referenced in the discussions below.

QUALITY OF STUDIES

Only one study, a randomized controlled trial (1), is rated level 1 on the Levels of Evidence scale. A majority of the studies in this review, 12 observational studies of outcomes in naturally existing groups that are inherently different in important ways, are level 2. Seven studies, at level 4, include some observational

cohort³⁹ studies with serious methodological flaws beyond what is typical of a cohort study. For instance, several of these studies examined only a small proportion of cases in the cohort, and those were chosen in a systematically biased manner, such as allowing the attorneys and CASA volunteers to choose which of their cases to submit for examination. Others relied exclusively on secondary data compiled by foster-care review boards although the accuracy or completeness of the information could not be verified.

Table 1. Reviewed Studies of CASA Programs' Impact

Study	Study Population	Comparison Group	Level of Evidence
1. Shareen Abramson, <i>Use of Court-Appointed Advocates to Assist in Permanency Planning for Minority Children</i> , 70 CHILD WELFARE 477-87 (July-Aug. 1991)	Amicus advocate (n = 60)	Attorney (n = 62)	1
2. SHERRIE S. AITKEN ET AL., CSR, INC., FINAL REPORT ON THE VALIDATION AND EFFECTIVENESS STUDY OF LEGAL REPRESENTATION THROUGH GUARDIAN AD LITEM (1993) (report to the Admin. on Child., Youth & Fams., Dep't of Health & Human Servs.)	CASA (n = 127)	Private attorney (n = 191) Staff attorney (n = 88)	4
3. Cynthia A. Calkins & Murray Millar, <i>The Effectiveness of Court Appointed Special Advocates to Assist in Permanency Planning</i> , 16 CHILD & ADOLESCENT SOC. WORK J. 37-45 (Feb. 1999)	CASA (n = 68)	Attorney (n = 121)	2
4. LARRY CONDELLI, CSR, INC., NATIONAL EVALUATION OF THE IMPACT OF GUARDIANS AD LITEM IN CHILD ABUSE AND NEGLECT JUDICIAL PROCEEDINGS (1988) (report to Nat'l Ctr. of Child Abuse & Neglect for the Admin. of Child., Youth & Fams.)	CASA and attorney (n = 50) CASA only (n = 48)	Private attorney (n = 49) Staff attorney (n = 71) Law student (n = 27)	2
5. Michael Cook, <i>Court Appointed Special Advocates: Administrative Structural Impediments to the Use of the CASA Program by Juvenile Dependency Court Judges</i> (2000) (unpublished Ph.D. dissertation, Univ. of La Verne), available at www.lib.umi.com/dissertations	CASA (n = 45)	Attorney (n = 203)	2
6. Donald N. Duquette & Sarah H. Ramsey, <i>Using Lay Volunteers to Represent Children in Child Protection Court Proceedings</i> , 10 CHILD ABUSE & NEGLECT 293-308 (1986)	Trained private attorney (n = 15) Trained law students (n = 16) Trained lay volunteers (n = 22)	Attorney (n = 38)	2
7. Patrick Leung, <i>Is the Court-Appointed Special Advocate Program Effective? A Longitudinal Analysis of Time Involvement and Case Outcomes</i> , 75 CHILD WELFARE 269-84 (May-June 1995)	CASA (n = 66)	Attorney (n = 107) Attorney, child on CASA waiting list (n = 24)	2
8. Pat Litzelfelner, <i>The Effectiveness of CASAs in Achieving Positive Outcomes for Children</i> , 79 CHILD WELFARE 179-93 (Mar.-Apr. 2000)	CASA (n = 119)	Attorney (n = 81)	2

Table 1. Reviewed Studies of CASA Programs' Impact

Study	Study Population	Comparison Group	Level of Evidence
9. RUTH G. McROY, EAST TEXAS CASA: A PROGRAM EVALUATION (Univ. of Texas at Austin, Apr. 1998)	CASA (n = 11)	Attorney (n = 11)	4
10. RUTH G. McROY & STEPHANIE SMITH, CASA OF TRAVIS COUNTY EVALUATION: FINAL REPORT (Univ. of Texas at Austin, Apr. 1998)	CASA (n = 46)	Attorney (n = 46)	2
11. OREGON GOVERNOR'S TASK FORCE ON JUVENILE JUSTICE, STATE COMM'N ON CHILDREN & FAMILIES, EFFECTIVE ADVOCACY FOR DEPENDENT CHILDREN: A SYSTEMS APPROACH (1994)	CASA only (n = 82) CASA and attorney (n = 44)	Attorney (n = 652) No attorney, no CASA (n = 1,056)	4
12. John Poertner & Allan Press, <i>Who Best Represents the Interests of the Child in Court</i> , 69 CHILD WELFARE 537-49 (Nov.-Dec. 1990)	CASA (n = 60)	Staff attorney (n = 98)	2
13. MICHAEL POWELL & VERNON SPESHOCK, ARIZONA COURT APPOINTED SPECIAL ADVOCATE (CASA) PROGRAM, INTERNAL ASSESSMENT (1996)	CASA (n = 130) CASA (n = all dependent children in county with CASA)	Attorney (n = 179) Attorney (n = all dependent children in county)	4
14. SUSAN M. PROFFET ET AL., CHILD ADVOCATES INC., GUARDIAN AD LITEM PROJECT (1999)	Volunteer GAL and attorney (n = 100)	Attorney only or CASA only (n = 42)	2
15. GENE C. SIEGEL ET AL., NAT'L CTR. FOR JUVENILE JUSTICE, ARIZONA CASA EFFECTIVENESS STUDY (2001) (report to the Arizona Sup. Ct., Admin. Off. of the Cts.)	CASA (n = 139)	GAL (n = 143)	2
16. STEPHANIE SMITH, TEXAS DEP'T OF PROTECTIVE & REGULATORY SERVS., CASA OF TRAVIS COUNTY EVALUATION FINAL REPORT (1993)	CASA (n = 307)	Attorney (n = 306)	4
17. KAREN C. SNYDER ET AL., THE STRATEGY TEAM, LTD., A REPORT TO THE OHIO CHILDREN'S FOUNDATION ON THE EFFECTIVENESS OF THE CASA PROGRAM OF FRANKLIN COUNTY (Ohio Child. Found. 1996)	CASA (n = 30)	Private attorneys (n = 24)	2
18. JANICE S. WAIDE & ROBERT C. HARDER, OFFICE OF JUDICIAL ADMIN. OF TOPEKA, IMPACT OF COURT APPOINTED SPECIAL ADVOCATES AND CITIZEN REVIEW BOARDS ON KANSAS JUVENILE COURTS (1997)	Districts with CASA and/or CRB ^a programs	Districts without	4
	CASA (n = 61)	No CASA or CRB program (n = 277)	
19. Victoria Weisz & Nghi Thai, <i>The Court Appointed Special Advocate (CASA) Program: Bringing Information to Child Abuse and Neglect Cases</i> , 8 CHILD MALTREATMENT 204-10 (Aug. 2003), available at www.sagepub.co.uk/journalIssue.aspx?pid=105487&jid=6074	CASA (n = 21)	Attorney, child on CASA waiting list (n = 20)	4
20. E. Sue Wert et al., <i>Children in Placement (CIP): A Model for Citizen-Judicial Review</i> , 65 CHILD WELFARE 199-201 (Mar.-Apr. 1986)	CIP ^b program (n = 149)	No CIP program (n = 140)	2
	Post-CIP implementation (n = 117)	Before implementation of CIP (n = 90)	

^aCRB = citizen review board.^bCIP = Children-in-Placement project.

Several reports discuss the difficulty of interpreting findings because of two known confounding variables: CASA volunteers were generally assigned to the most difficult cases (those children whose histories involved the most severe abuse or whose parents have more serious social and psychological problems); and CASA volunteers often were assigned only after a child's case had already been in the system for an inordinate length of time. Even if CASA advocacy is extremely effective, if the children receiving CASA services were in unusually difficult situations to begin with, the effects of the services may not be apparent in the final comparisons. For these reasons, two studies stand out from among these 20 as being more valid than the others: the Calkins (3) and Abramson (1) studies are the only two evaluations that compare two groups of children who were similarly situated at the time they began working with a CASA volunteer.

COMBINED EFFECTS ON OUTCOME VARIABLES

Study outcomes were divided into three categories: activities of children's representatives (attorneys and CASA volunteers), court processes, and child outcomes. First, we examined the activities of the children's representatives to determine whether CASAs are more likely than other representatives to serve functions specified in CAPTA. These activities include collecting information by making contact with the child and family, being present and available during court proceedings, and making information formally available to the court through reports.

Second, we examined court processes—the events that transpired during the time the children's cases were open. Process is represented by four variables. The number of continuances may represent how smoothly the case progressed through the court and is certainly a factor in court costs. Number of services ordered is a process variable⁴⁰ that may help families achieve reunification or prevent future abuse and neglect. Finally, the total number of placements and the child's length of time in the system are important variables that reflect the child's experience and are suspected to predict child well-being in the future.

Third, we identified those outcome variables that represent the child's status at the end of his or her time in care and beyond. This category includes placement at case closure (adoption, reunification, guardianship, long-term foster care) and the rate of reentry into the system. None of the studies examined true child-oriented outcomes, such as the future physical safety or mental health of the children studied.

Activities of Children's Representatives

Two studies estimated the percentage of representatives who made contact with the child during the case (2, 19; both level 4 evidence). Both reported that CASAs were more likely than attorneys to have contact with the child. However, one did not address statistical significance, and the other had such a small sample size that the observed difference did not achieve statistical significance despite a large absolute difference. Another study reported the number of hours of contact between representatives and children (6; level 2 evidence). In this study, lay volunteers had more hours of contact with the child than did attorney guardians ad litem, both in cases dismissed before the preliminary hearings and those that went beyond the preliminary hearing. These differences were statistically significant. See Table 2 for a summary of the activities of children's representatives.

In addition to requiring children's representatives to obtain a firsthand understanding of the child's situation through direct contact, CAPTA specifies that they make recommendations to the court.⁴¹ Being present during court proceedings and providing written or oral reports to the court about the case may accomplish that task. Three studies reported the percentage of court proceedings at which the child's representative was present, and their results are contradictory. One small study of higher quality (17; level 2 evidence) showed that children whose cases were assigned to CASA-guardian ad litem teams were significantly more likely to be represented during proceedings than were children whose cases were assigned only to private attorneys. However, two larger studies with samples drawn from several states nationwide reported the opposite finding

Table 2. Relationship Between CASA Representation and Activities of the Child Representative

Study	Level of Evidence	Contact Child	Hours of Contact	Court Appearance	Mother in Court	Written Reports	Oral Reports
Condelli	2			↓			
Duquette	2		↑				
Snyder	2			↑	↑	↑	
Aitken	4	↑		↓		↑	↔
Weisz	4	↑					
Combined—all (CASA vs. comparison)		92% vs. 44%	7.8 vs. 4.7	50% vs. 82%	42% vs. 24%	77% vs. 21%	71% vs. 77%
Combined—levels 1 and 2		None available	7.8 vs. 4.7	45% vs. 74%	42% vs. 24%	45% vs. 0%	None available
Conclusion		↑	↑	↓	↑	↑	↔

Arrows indicate general direction: ↑ = more; ↓ = less; ↔ = no difference.

(2, 4; levels 2 and 4 evidence). In one study the finding is statistically significant, while in the other statistical significance is not addressed. Both the aggregate of all data and the combined higher-level data suggest that CASA volunteers are less likely to appear in court than attorneys. The reason is unclear to the authors, although one possible explanation is that no states require CASAs to appear in court, though they are highly encouraged to, while some states mandate that attorneys appear. Another possible factor is that CASAs are volunteers, often with job obligations that prevent them from appearing.

Three studies examined the degree to which child representatives made oral or written reports to the court (2, 17, 19). All three found that CASA volunteers were far more likely than attorneys to file written reports. One of these studies also reported that CASA volunteers and attorneys were equally likely to offer an oral report (2; level 4 evidence). In another study, judges reported that more-complete information was presented orally at the judicial hearing when a CASA volunteer was assigned (19; level 4 evidence).

Another way that CASA volunteers can help provide information to the court is to encourage

family involvement. One study (17; level 2 evidence) reported that mothers whose children had CASA volunteers were far more likely to appear in court than mothers of children without CASA volunteers (42 percent versus 24 percent).

Overall, cases assigned to CASA volunteers were more likely to involve direct contact between the child and the child's representative and were more likely to have written reports filed with the court. In addition, mothers of CASA children were more likely to appear in court. While some uncertainty remains, the weight of the data suggests that CASA volunteers were less likely than attorneys to appear in court. These findings seem to suggest that CASA volunteers do fulfill the task of collecting and providing original information to the court even if they do not participate directly in court proceedings.

Dependency Processes

Three studies examined whether the appointment of a CASA volunteer affected the number of continuances during the course of a case (8, 12, 17; all level 2 evidence). None reported any significant differences in the number of continuances between cases with

CASA volunteers and cases without. However, one study (8) reported that, among closed cases only, there were significantly fewer continuances in the CASA group (1.1 versus 2.9; closed cases). While this is an interesting exception, it is not sufficient to override the conclusion that CASA volunteers do not reduce

the number of continuances during a case. See Table 3 for a summary of dependency processes.

Seven studies examined the number of services ordered for children and families (4, 6, 8, 12, 15, 17, 18). Six were level 2 evidence, and one was level 4 evidence. All but one study found a higher number

Table 3. Relationship Between CASA Advocacy and Dependency Processes

Study	Level of Evidence	Continuances	Services Ordered	Placements	Time in System
Calkins	2			↓	↓
Condelli	2		↑	↔	↑
Cook	2				↑
Duquette	2		↑		
Leung	2			↔	
Litzelfelner	2	↔	↑	↓	↔
McRoy & Smith	2			↓	↓
Poertner	2	↔	↑	↔	
Proffitt	2				↓
Siegel	2		↑	↔	↔
Snyder	2	↔	↓		
McRoy	4			↑	↑
Oregon	4				↓
Powell	4				↓
Smith	4			↑	↑
Waide	4		↑		↑
Combined—all (CASA vs. comparison)		1.5 vs. 1.7	8.3 vs. 5.2	4.0 vs. 3.8	27.5 vs. 25.4 months
Combined—levels 1 and 2		1.5 vs. 1.7	9.0 vs. 6.9	3.2 vs. 3.5	23.9 vs. 20.0 months
Conclusion		↔	↑	↓	↔

Arrows indicate general direction: ↑ = more; ↓ = less; ↔ = no difference.

of services ordered for cases assigned to CASA volunteers. The exception (17) was unique in that all physical abuse cases were excluded from the study.

One study (4) went a step further, examining the degree to which appropriate services were ordered. Appropriate services are those that matched the requirements of the case plan. For instance, if a child had been removed because the parent had a substance abuse problem, then substance abuse treatment would have been considered an appropriate service. This study reported that 46 percent of appropriate services were ordered in cases with CASA-attorney teams, compared to 32 percent in cases with an attorney only. This was a statistically significant difference.⁴²

Nine studies explored the total number of placements (3, 4, 7–10, 12, 15, 16). The findings are mixed: some investigators found that children with CASA volunteers had fewer placements, some reported essentially no difference, and some reported that children with CASA volunteers had more placements than children without CASA volunteers. Results from only three of these studies are statistically significant: two (3, 10; level 2 evidence) demonstrate a reduction of placements for CASA program children, and one (9; level 4 evidence) demonstrated an increase in placements of children with CASA volunteers. When the data from all studies are combined, the number of placements appears similar. When level 4 evidence is excluded, summary data suggest a slight reduction in number of placements. Despite the small absolute difference, we strongly considered the contribution of the Calkins study (3) in concluding that the use of CASA volunteers does reduce the number of placements. Calkins is important because it is the only one of the studies to control for two important confounders: the children in the CASA and comparison groups were equivalent in terms of the severity of their abuse, and in each case the CASA volunteer or attorney guardian ad litem was assigned within 90 days.

Twelve studies examined children's overall time in the system (3–5, 8–11, 13–16, 18). Again the findings are mixed: some studies report reduced time in the system for children with CASA volunteers, some

show no difference, and others report increased time. Considering all data, there does not appear to be an overall difference. Excluding the five studies with level 4 evidence (9, 11, 13, 16, 18), the children with CASA volunteers were in the system slightly longer. Overall we conclude that there is no consistent difference.

However, one can draw an alternative conclusion by relying exclusively on the methodological strength of the Calkins study, which selected CASA and non-CASA children who were equivalent in the severity of their abuse histories and which explicitly included only those CASA cases where the CASA volunteer had been assigned early in the case. Calkins (level 2 evidence) reported a statistically significant reduction in both the number of placements (3.3 in the CASA group versus 4.6 in the comparison group) and the amount of time in the system (31 months versus 40 months).

Child Status Outcomes

Several studies explored children's final placements. Permanent placement (adoption, reunification, or guardianship) is generally considered a success, but long-term foster care is not. Eleven studies reported the proportion of children who had achieved permanent placement by the end of the study periods (1–4, 6, 8, 10, 12, 14–16).

Seven (1, 2, 8, 12, 14–16) reported the proportion of children adopted. Most of these, one of which is the only randomized trial in the review (1), found that adoption was more likely among CASA-supported children than the non-CASA-supported children. The aggregate data plus the findings of the randomized trial provide convincing evidence that CASA volunteers do increase the probability of adoption. See Table 4 for a summary of child status outcomes.

The increase in adoption does not seem to be reciprocated by decreases in the other categories, confounding intuitive sense. Only 4 of the 11 studies (1, 2, 12, 15) simultaneously examined all four child status endpoints. For example, the Calkins study compared only CASA versus non-CASA reunification percentages and made no mention of adoption, guardianship, or

long-term foster care. Though we cannot make definitive statements about how the other three categories differed, we suspect that the increase in adoption comes from small decreases across the other three categories.

Nine studies suggest that family reunification is equally likely overall for children with CASA advocacy versus those without (1, 2, 3, 6, 9, 12, 14–16). Again the aggregate data and the randomized trial support this conclusion.

The evidence on guardianship (1, 2, 4, 9, 12, 14, 15) was mixed, with the total numbers suggesting that it is equally likely for children with CASA vol-

unteers as without. The randomized trial (1) reported a statistically significant reduction in the proportion of children whose final placement was guardianship, but it is the only study to report this finding.

Seven of the studies describe the proportion of children who failed to achieve permanent placement and remained in long-term foster care (1, 2, 8, 10, 12, 15, 16). The children with CASA volunteers were equally likely as children without CASA volunteers to be in long-term foster care at the end of the study period. However, again, the only randomized trial in the review reported a statistically significant

Table 4. Relationship Between CASA Advocacy and Child Status Outcomes

Study	Level of Evidence	Adoption	Reunification	Guardianship	Foster Care	Reentry
Abramson	1	↑	↔	↓	↓	↓
Calkins	2		↑			
Condelli	2			↔		
Duquette	2		↑			
Litzelfelner	2	↓			↔	
McRoy & Smith	2		↓	↑	↔	
Poertner	2	↑	↓	↔	↓	↓
Proffitt	2	↑	↓	↑		
Siegel	2	↑	↔	↔	↔	
Aitkins	4	↔	↔	↔	↔	
Powell	4					↓
Smith	4	↔	↓		↑	
Combined—all (CASA vs. comparison)		22% vs. 14%	42% vs. 42%	16% vs. 16%	22% vs. 24%	6% vs. 11%
Combined—levels 1 and 2		28% vs. 22%	40% vs. 45%	14% vs. 14%	16% vs. 17%	9% vs. 16%
Conclusion		↑	↔	↔	↔	↓

Arrows indicate general direction: ↑ = more; ↓ = less; ↔ = no difference.

reduction in the number of children in long-term foster care and a very large reduction (13 percent versus 59 percent of case plans) for open cases.

With regard to the likelihood of guardianship and foster care, we concluded that there is no difference between the CASA and non-CASA groups. The combined percentages for all studies and for studies with higher levels of evidence were similar.

Relying principally on the results of the Abramson study (1) allows one to reach other conclusions about the effect of CASA involvement on reductions in guardianship and long-term foster care with a resulting increase in adoption. Because children were randomly assigned to the CASA and non-CASA groups, it is fairly certain that the groups were similar on variables likely to affect final placements, so the differences can be attributed to the effects of the CASA volunteer assignment. None of the other studies can make this assertion.

Three studies examined reentry into the foster-care system after case closure (1, 12, 13). All three (one level 1 evidence, one level 2, and one level 4) reported fewer cases of reentry among children with CASA volunteers during study periods ranging from 18 months to eight years. The risk of reentry in CASA cases is about half that of other foster children. This finding is consistent and the difference is large. Therefore, this may be the most important outcome assessed in this study.

DISCUSSION OF STUDY FINDINGS

This systematic review indicates that children who have CASA support do about as well, and in some important ways better, than those represented solely by an attorney. The results are especially encouraging considering that CASA volunteers tend to be assigned to more complex and difficult cases. Though there is just a small body of available literature with generally poor methodological quality, this review shows promise for determining the measurable impacts of assigning CASA volunteers to dependency cases. The findings are consistent across all three domains examined in this study: activities of the child's repre-

sentative, the dependency process, and child status outcomes.

First, the involvement of a CASA volunteer in a case, compared to advocacy by an attorney alone, appears to improve representation of the child. CASA volunteers are much more likely to have face-to-face contact with the children and their care providers. Perhaps owing to their small caseloads (usually one or two cases), CASA volunteers spend more time working on behalf of the children and are far more likely to file written reports with the court. The continuity of representation and documentation may be important when one considers the high turnover of county social workers and the rotation of private attorneys through the dependency court.

Second, though the results were mixed, it was consistently found that children represented by a CASA advocate had more services ordered and more actually implemented and that they tended to have slightly fewer placements. The combined data suggest a small trend in increased time in the system, but the methodological strength of the Calkins study leads us to believe that there is actually a trend in the opposite direction when CASA volunteers are assigned early in the case. An enticing, yet unreplicated finding by Litzelfelner is that closed CASA cases had fewer continuances within the duration of the case. Considering how frustrating continuances can be, this process variable calls for more study.

Finally, and perhaps the most immediately useful result given the current legislative environment and the number of children in foster care, children with CASA support are more likely to be adopted than those with other representation. This may interest county governments given their adoption targets from the federal government and the funding consequences of not meeting those targets.⁴³ The most profound finding is that children with CASA support appear to be less likely to reenter the foster-care system once their cases are dismissed. The rate of reentry into foster care is consistently reduced by half in these studies.⁴⁴ This finding alone could drive the expansion of CASA programs nationwide to address the nagging problem of more than one-half million children in foster care

and high rates of reentry—AFCARS data indicate that 10.3 percent of children who entered foster care in fiscal year 2000 were reentering the system within 12 months of being discharged.⁴⁵

In interpreting the findings in this review, one should remember that CASA volunteers are often assigned to the more complex and difficult cases where children are more profoundly abused. Three studies explicitly indicated that the cases of children assigned CASA volunteers were more challenging: the children experienced higher rates of institutionalization, more severe abuse, more emergency removals, and more sexual abuse; and they were in the system longer (2, 5, 15). Further, some studies' comparison groups were made up, in part, of children on waiting lists who had been referred to CASA but not yet assigned volunteers. If CASA programs tend to triage referrals and assign volunteers to the most severe cases, that would leave a less-severe residual group from which researchers gathered comparison cases. With these confounders in mind, one could argue that the finding of no difference between groups can actually be interpreted as a positive impact—that the “most severe” cases have been reduced to a “less-severe” status during CASA representation.

The need to determine the measurable impact of CASA advocacy is not merely academic, nor is it simply to satisfy curiosity. Rather, there are immediate and practical applications of knowing how CASA programs work, with whom, when, and under what circumstances. One compelling reason that exemplifies the critical nature of this information lies in the method of assigning volunteers to specific cases. Courts do not have the luxury of giving every child this support, so deciding who gets a CASA volunteer requires some form of triage and is generally based on a broad spectrum of informal formulas. However, there is variation in these formulas, and they are too often based on untested assumptions and subjective experiences. Therefore, this review attempted to synthesize empirical information from a variety of studies on the impact of CASA programs with the explicit goal of improving decisions about the distribution of this limited resource.

The confluence of social science and the legal system does not always provide the right forum for effective exchange of information. Social science and legal practitioners generally read different literature, attend different types of conferences, and are responsible for knowing and using different information. Legal personnel want information that is fast and factual while academics lean toward exhaustive discussions of findings that often interpret results speculatively and tentatively. Systematic reviews like this one may offer a compromise permitting shared expertise in both domains because the reader is presented with information collected from many different studies.

None of these studies measured what we considered to be real well-being outcomes for children, such as quality of life or attainment of academic potential. Most of the outcomes explored here are of arguable relevance to the well-being of children, although many believe that these process events will lead to positive outcomes. Perhaps the only outcome with clear external relevance is reentry into the court system; and, notably, each of the studies that explored reentry reported that children who had been assigned to CASA volunteers were approximately 50 percent less likely to reenter the dependency system.

There are limitations to this review process as well as limitations to the individual studies used.⁴⁶ However, these limitations do not preclude critical appraisal of the literature to understand what the current best evidence is of CASA programs' impact on the lives of children in dependency.

It remains a problem that studies purporting to measure outcomes of CASA advocacy are actually measuring the process of court intervention. Processes, or intermediate outcomes, are easier to measure because these data are typically present in the existing dependency record. Long-term outcomes, directly measuring the well-being of the child, are far more difficult to assess because they usually require additional data collection systems and follow-up. The study of intermediate markers of child well-being significantly limits our ability to make sure-footed conclusions about the relevant impact of these

heterogeneous programs. None of the studies provided direct information about the welfare of children. Some are taking on this challenge. Child Advocates, Inc., is currently completing a five-year longitudinal study comparing children served only by child protective services to children who also received the services of a CASA program and is examining true child outcomes.⁴⁷ Preliminary findings suggest that CASA volunteers positively affect children's self-esteem, their attitudes about the future, and their ability to work with others, as well as help control deviant behavior.⁴⁸ The children's caregivers also appear to benefit in the areas of communication and family rituals.⁴⁹ Patterns of communication and rituals in families are general markers for the overall health of the family system.⁵⁰ Details about the methodology of the study and effect sizes for these findings have not yet been released, but this appears to be the first attempt to assess true child outcomes.

Other researchers have found that negative process events, such as multiple foster-care placements, are associated with increased problems⁵¹ and that these findings are true for adulthood outcomes as well.⁵² In Arizona, the National Center for Juvenile Justice is currently involved in a study that follows children from dependency cases to identify whether CASA advocacy reduces the probability that children become juvenile delinquents.⁵³

We hope that this research and future research will provide much-needed information to help guide judicial decision making. The advantage of integrating empirical relationships into the decision-making process is well documented.⁵⁴ Nevertheless, we still struggle with inadequate empirical evidence and a lack of direct coherent communication between social scientists and the courts.

CONCLUSION

It is encouraging to see that children with CASA support do as well, and in some cases better, than those children who are represented solely by an attorney. Nevertheless, readers should be cautious not to overinterpret the findings of this and other studies.

Examination of the impact of this advocacy remains at the process level and does not yet reveal evidence of indisputably positive outcomes. Although it may be argued that children who have a better process will likely have better outcomes, there is no scientific evidence to prove this assumption.

The findings of this systematic review suggest that particular process variables may be positively influenced by the assignment of a CASA volunteer. Specifically, CASA volunteer assignment might be considered under the following circumstances: when more contact is needed with the child and the family, to increase the chances that the mother appear in court, to provide written reports, to get more services, to reduce number of placements and perhaps time in the dependency system, to increase the likelihood of adoption, and to reduce the odds that the child will reenter foster care once the case is dismissed.

1. CHILDREN'S BUREAU, U.S. DEPT OF HEALTH & HUMAN SERVS., THE AFCARS REPORT 1 (2003), at www.acf.hhs.gov/programs/cb/publications/afcars/report8.pdf. (AFCARS stands for Adoption and Foster Care Analysis and Reporting System.)

2. *Id.* at 2–3.

3. *Id.* at 3.

4. Child Abuse Prevention and Treatment Act of 1974 (CAPTA), Pub. L. No. 93-247, § 4(B)(2)(G), 88 Stat. 4, 7 (codified as amended at 42 U.S.C. § 5106a(b)(2)(A)(xiii) (2000 & Supp. 2004)).

5. Child Abuse Prevention, Adoption, and Family Services Act of 1988, Pub. L. No. 100-294, sec. 101, § 8(b)(6), 102 Stat. 102, 111; Child Abuse Prevention and Treatment Act Amendments of 1996, Pub. L. 104-235, § 107(b)(2)(A)(ix), 110 Stat. 3063, 3073; Keeping Children and Families Safe Act of 2003, Pub. L. 108-36, § 114(b)(1)(B)(vii), 117 Stat. 800, 810.

6. 42 U.S.C. § 5106a(b)(2)(A)(xiii).

7. Adoption Assistance and Child Welfare Act of 1980, Pub. L. No. 96-272, 94 Stat. 500 (1980) (codified as amended at 42 U.S.C. §§ 670–679b).

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8. Adoptions and Safe Families Act of 1997, Pub. L. No. 105-89, 111 Stat. 2115 (codified as amended in scattered sections of 42 U.S.C. (2000 & Supp. 2004)).
9. Victims of Child Abuse Act of 1990, Pub. L. No. 101-647, § 216, 104 Stat. 4789, 4794 (codified at 42 U.S.C. § 13012 (2000 & Supp. 2004)).
10. Nat'l CASA Ass'n, History of CASA (Aug. 2003), at www.casanet.org/download/ncasa_publications/history-casa.pdf.
11. Nat'l CASA Ass'n, Frequently Asked Questions About CASA (n.d.), at www.casanet.org/download/ncasa_publications/frequently-asked-questions-about-casa.pdf.
12. Nat'l CASA Ass'n, National Statistics 2004 (2004), www.casanet.org/download/ncasa_publications/casa-stat-sheet-2-04.pdf (on file with the authors).
13. Because some programs serve more than one county, we conducted a telephone survey of all state programs to determine how many counties have CASA program resources available to their dependent children.
14. 42 U.S.C. § 5106a(b)(2)(A)(xiii) (2000 & Supp. 2004).
15. Child Abuse Prevention and Treatment Act Amendments of 1996, Pub. L. No. 104-235, §§ 103(a)(1)(A), 107, 110 Stat. 3071, 3079.
16. Michael S. Piraino, *Lay Representation of Abused and Neglected Children: Variations on Court Appointed Special Advocate Programs and Their Relationship to Quality Advocacy*, 1 J. CENTER CHILDREN & CTS. 63, 64 (1999), available at www.courtinfo.ca.gov/programs/cfcc/pdffiles/063-072.pdf.
17. LARRY CONDELLI, CSR, INC., NATIONAL EVALUATION OF THE IMPACT OF GUARDIANS AD LITEM IN CHILD ABUSE OR NEGLECT JUDICIAL PROCEEDINGS 1-2 to 1-4 (1988) (report to Admin. for Children, Youth & Families, Dep't of Health & Human Servs.).
18. SHERRIE S. AITKEN ET AL., CSR INC., FINAL REPORT OF THE VALIDATION AND EFFECTIVENESS STUDY OF LEGAL REPRESENTATION THROUGH GUARDIAN AD LITEM 2-5 to 2-11 (1993) (report to the Admin. for Children, Youth & Families, Dep't of Health & Human Servs.); KAREN C. SNYDER & JOHN D. DOWNING, THE STRATEGY TEAM, LTD., A REPORT TO THE OHIO CHILDREN'S FOUNDATION ON THE EFFECTIVENESS OF THE CASA PROGRAM OF FRANKLIN COUNTY: PHASE ONE 13-15 (Ohio Children's Found. 1995).
19. Adoption Assistance and Child Welfare Act of 1980 § 101(a)(1), 42 U.S.C. § 675(5)(B) (2000 & Supp. 2004).
20. Pat Litzelfelner, *The Use of Citizen Review Boards With Juvenile Offender Cases: An Evaluation of the Effectiveness of a Pilot Program*, 52 JUV. & FAM. CT. J. 1 (2001).
21. See, e.g., CITIZEN'S FOSTER CARE REVIEW BD. PROGRAM, STATE OF MICHIGAN, ANNUAL REPORT (2001) (supporting the authors' statement of the function of the foster-care review boards).
22. Child Abuse Prevention and Treatment Act Amendments of 1996 § 107(c)(1), 42 U.S.C. 5106a (2000 & Supp. 2004).
23. See *id.*
24. See *id.* § 107(c)(2).
25. See *id.* § 107(c)(4)(A).
26. LINDA HEUERTZ, NAT'L CASA ASS'N, EVALUATIONS/REVIEWS OF CASA AND GAL PROGRAMS/MODELS WITH PROCESS AND/OR OUTCOME MEASURES (1996), at www.casanet.org/program-management/evaluation/96-eval-study.htm.
27. Davin Youngclarke, *A Systematic Review of the Literature on the Effectiveness of Court Appointed Special Advocates* (Cal. Court Appointed Special Advocate Ass'n 2002), at www.calcasanet.org/ResourceLibrary/article_SystematicReview.htm.
28. Pat Litzelfelner, *Court Appointed Special Advocates (CASAs): A Review of Their Effectiveness*, 22 CHILD. LEGAL RTS. J. 1 (2002), available at www.perspectivesonyouth.org/Pages-Archive/CurEditionsPerspectives-Jan-June2003.htm.
29. Published literature is typically indexed in databases like LexisNexis, Medline, and PsycINFO and is easy to acquire. Unpublished literature or documents of limited circulation pose a problem for social scientists who research, present, and publish on the topic, with the result that good investigations remain unnoticed by those who could benefit from the studies' findings.
30. We began with the three previously published reviews of CASA program effectiveness. We examined the reference lists of those reviews and obtained the studies to which they referred. Study authors were contacted and asked whether the cited version was the most current, whether they knew of other researchers or other studies we should consider, and whether they personally had conducted any other evaluations of similar advocacy programs.

The evaluation project manager at the National Court Appointed Special Advocates Association office provided a list of evaluation research of which the association was aware. We also contacted each of the state CASA program

offices to inquire about recent research conducted in that state. In addition, we sent open messages to two listservs (one sponsored by the International Society for the Prevention of Child Abuse and Neglect and the other by the journal *Child Maltreatment*), posting a general request for information about additional outcome studies.

We conducted searches of eight electronic databases of published literature, including Medline, PsycINFO, Academic Index, LexisNexis, Dissertation Abstracts Online, the National Criminal Justice Reference Service, Social Work Abstracts (which indexes documents from 1977 to the present) and the Social Science Index (which indexes documents from 1983 to the present). Each database was searched on the following terms: *Court Appointed Special Advocate*, *CASA*, *guardian ad litem*, *GAL*, and *(child abuse AND child advocacy)*.

Each outcome study was carefully scrutinized for reference to other possible outcome studies cited in the text or listed in the references. Many referred to studies in progress or unpublished prior reports. We pursued each vigorously.

31. If any two reports appeared to present the same data (for example, an internal report that was later published in a research journal), they were enumerated as a single study. Published reports were preferred when discrepancies were evaluated.

32. Child outcomes are measured at or after case closure and reflect how things turned out for the child. We included researched advocacy programs if they used trained volunteers (not paid attorneys or social workers) who were assigned to follow particular children through direct relationships and were expected, where possible, to stay with a case through its duration. Children must have been involved in child abuse and neglect proceedings; advocacy for juvenile delinquents was not examined in this review. Most such programs are CASA programs, but studies of non-CASA interventions were included if trained community volunteers were assigned to follow specific cases. These criteria included lay guardians ad litem who are not affiliated with CASA organizations but excluded citizen review panels and foster-care review boards.

33. Of 69 potential outcome studies identified, we located 68, of which 5 were redundant and 43 were excluded for methodological reasons (e.g., absence of a comparison group, qualitative research, perceptions as outcomes, satisfaction surveys). This process yielded a total of 20 separate studies that met our inclusion and exclusion criteria.

34. BOB PHILLIPS ET AL., OXFORD CTR. FOR EVIDENCE-BASED MED., LEVELS OF EVIDENCE (May 2001), at www.cebm.net/downloads/Oxford_CEBM_Levels_5.rtf.

35. *Id.*

36. We calculated point estimates in order to present a quantitative comparison and communicate the magnitude of CASA's impact for descriptive purposes. To accomplish this, we factored in the sample size of each study and produced weighted averages and weighted proportions for the outcomes. No pooled data analyses were possible because many authors did not include the necessary statistical information.

37. We used statistical significance as an indicator of more definitive or convincing findings. However, several studies, particularly the government reports that are designed to be more descriptive than analytic, do not report statistical significance and did not include enough information for the authors to perform secondary statistical tests. Many of the studies were underpowered with small sample sizes, so statistical significance would not be anticipated even if important differences were present.

38. Many evaluations of the effectiveness of programs remain unpublished because they are commissioned by private organizations, foundations, or other institutions interested in the effects of interventions using granted funds but with no interest in publishing. Relying on the results of easily available studies while ignoring these other reports eliminates a large source of relevant data.

39. The *American Heritage Dictionary* defines *cohort* as "3. A generational group as defined in demographics, statistics, or market research..." AMERICAN HERITAGE DICTIONARY OF THE ENGLISH LANGUAGE 359 (Houghton Mifflin 4th ed. 2000).

40. Process variables are variables that are measured prior to case closure and reflect the manner in which the case was handled.

41. 42 U.S.C. § 5106a(b)(2)(A)(xiii) (2000 & Supp. 2004).

42. Why such a high percentage of case plan services did not have corresponding court-ordered services for both groups is unclear.

43. Adoptions and Safe Families Act of 1997, Pub. L. No. 105-89, §§ 107, 201, 111 Stat. 2115, 2121-22 (codified as amended at 42 U.S.C. §§ 673b, 675 (2000 & Supp. 2004)). According to 2002 AFCARS information, 129,262 children were waiting for adoption in 2002. Children's Bureau, U.S. Dep't of Health & Human Servs.,

- NOTES FY 1998, 1999, FY 2000, FY 2001, and FY 2002 Foster Care: Children Waiting for Adoption, www.acf.hhs.gov/programs/cb/dis/tables/waiting2002.htm.
44. In all studies this reduction brought the rate below the target (8.6 percent) set by the federal government in the Child and Family Service Reviews. ADMIN. FOR CHILDREN & FAMILIES, U.S. DEPT. OF HEALTH & HUMAN SERVS., INFORMATION MEMORANDUM: UPDATED NATIONAL STANDARDS FOR THE CHILD AND FAMILY SERVICE REVIEWS AND GUIDANCE ON PROGRAM IMPROVEMENT PLANS 4 (Aug. 16, 2001).
45. CHILDREN'S BUREAU, U.S. DEP'T OF HEALTH & HUMAN SERVS., FOSTER CARE NATIONAL STATISTICS (Mar. 2003), at <http://nccanch.acf.hhs.gov/pubs/factsheets/foster.cfm>.
46. The limitations of this review are largely a consequence of limitations in the individual studies themselves. There also may be unpublished literature that we did not locate. Furthermore, a formal meta-analysis that would have allowed completely objective interpretation was not possible because of the absence of essential statistical information. In addition, the majority of the studies were observational, introducing the strong possibility that children with CASA volunteers were systematically different from children without CASA volunteers in ways likely to affect the outcome of their cases. Additionally, some of these studies followed dependent children over time and were influenced by changes in court processes and concurrent programs. We also observed geographic variance in how CASA programs operate across the country; therefore we cannot distinguish between the effectiveness of the various approaches.
47. Press Release, Child Advocates, Inc., Making a Difference in the Lives of Children: A Five-Year Study of the Effectiveness of Child Advocates, Inc. (n.d.) (on file with the authors).
48. *Id.*
49. *Id.*
50. JOHN GOTTMAN & JOAN DECLAIRE, RAISING AN EMOTIONALLY INTELLIGENT CHILD (Simon & Schuster 1998); EVAN IMBER-BLACK & JANINE ROBERTS, RITUALS FOR OUR TIMES: CELEBRATING, HEALING, AND CHANGING OUR LIVES AND OUR RELATIONSHIPS (Jason Aronson 1998).
51. LEE DORAN & LUCY BERLINER, WASH. STATE INST. FOR PUB. POLICY, PLACEMENT DECISIONS FOR CHILDREN IN LONG-TERM FOSTER CARE: INNOVATIVE PRACTICES AND LITERATURE REVIEW 8 (2001), available at www.wsipp.wa.gov/rptfiles/FCPlacement.pdf.
52. See generally, THOMAS P. McDONALD ET AL., CHILD WELFARE LEAGUE OF AM., ASSESSING THE LONG-TERM EFFECTS OF FOSTER CARE: A RESEARCH SYNTHESIS (1997).
53. Telephone interview with Gene C. Siegel, Nat'l Ctr. for Juvenile Justice (July 14, 2003).
54. See Robyn Dawes et al., *Clinical Versus Actuarial Judgment*, 243 SCIENCE 1668-74 (Mar. 1989).